

COMMITTEE ON GOVERNMENT REFORM
TOM DAVIS, CHAIRMAN



MEDIA ADVISORY

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Government Reform Committee to Examine
Public Health Infrastructure's Flu Response

What did we learn from this flu season?
Are we ready for something more deadly?

What: Government Reform Committee oversight hearing:
"A Review of This Year's Flu Season: Does Our Public Health System Need a Shot in the Arm?"

When: FEBRUARY 12, 2004, Immediately Following 10:00 a.m. Business Meeting

Where: ROOM 2154, RAYBURN HOUSE OFFICE BUILDING

Background:

This year's influenza season has raised the urgent question of whether the country is prepared to deal with a pandemic, be it a naturally occurring pandemic or one that results from a bioterrorist attack.

The hearing will use the current flu season as a vehicle to review the adequacy of our public health infrastructure preparedness. The Committee will examine what actions and planning procedures have been taken at federal, state, and local levels to handle this year's flu season and other communicable disease outbreaks. It is critical to determine the potential needs of government and health officials to respond effectively to these types of public health threats.

How prepared is the U.S. to deal with a global outbreak of a deadly and contagious disease, otherwise known as a pandemic? Although this year's flu season was not a large-scale epidemic, several thousand people have died from complications of the flu. Between 10-20% of Americans contract the contagious respiratory illness annually. In an average year in the U.S., the flu kills 36,000 people and hospitalizes 114,000 people.

Although the virus is airborne and spreads easily, vaccination significantly decreases the risk of illness and helps prevent the spread of the flu virus.

The flu vaccine is available each year to help protect people from the strains of influenza that are expected to be the most common strains circulating during the coming flu season. Every year world and U.S. health officials select the three influenza virus strains to be included in the vaccine. The effectiveness of the vaccine is dependent on whether the strains picked will be the same strains to circulate during the following flu season. The vaccine protects up to about 80% of vaccinated people. Additionally, vaccinated people who do contract the flu generally develop milder cases than unvaccinated people.

Early detection of new influenza virus strains and rapid development of effective vaccines are the keys to defending the public against the flu each year and responding to potential outbreaks. Flu vaccines become obsolete following each season and require constant formulation. Once the influenza strains are identified, the best method of preventing and reducing the severity of the flu is the appropriate and timely development, distribution, and administration of the vaccine.

Despite its infrequency, an influenza virus strain can mutate dramatically and unexpectedly to which few people are immune. This can result in a flu pandemic and cause widespread vulnerability and increase levels of illness and death, affecting millions of people. Due to the unpredictability of pandemics, government health agencies must work together at all levels with vaccine and drug industry partners to develop strategies and programs that would prepare the country for a pandemic.

Preparing for the annual flu season highlights the importance of strong cooperation between different health agencies and private sector companies at all levels. We need to ensure that adequate production capacities for flu vaccine manufacturers exist in order to avoid a vaccine shortage next year. Once a flu pandemic is identified, it is important to determine what the private and public sectors' capabilities are to produce, distribute, and administer diagnostics, vaccines, and drugs for this problem. This year's vaccine shortage requires an analysis of whether new mechanisms and incentives are needed to guarantee that effective and safe drugs, vaccines, and diagnostics can be produced as quickly as possible.

The current influenza season has challenged our public health system's capabilities and provides us with a chance to evaluate existing procedures and safeguards. **The Public Health Security and Bioterrorism Preparedness and Response Act of 2001** provided substantial new funding for states, localities, and hospitals to boost preparedness to respond to a highly contagious disease, including influenza. The legislation included new grant programs, educational efforts, state planning requirements, expansion of federal disaster teams, pandemic preparedness resources, and new authority to deal with public health emergencies.

Essential elements of a pandemic preparedness plan include surveillance, identification of the threat, communication, mobilization, and public health interventions. Timely information sharing between local, state and federal governments is also critical to protecting against public health threats because it allows for timely and easy access to information that is key to applying effective countermeasures.

The threat of a public health disaster emphasizes the need for planning and practice. The quicker the health community responds, the quicker a prevention and control strategy can be developed and appropriate treatments can be identified. **This hearing will help recognize if any deficiencies in coordination, communication, and capacity exist and facilitate discussion on how to work towards improvements necessary for more effective preparedness.**

WITNESSES

Panel One

Dr. Julie L. Gerberding, Director
Centers for Disease Control and Prevention

Dr. Anthony S. Fauci, Director
National Institute of Allergy and Infectious Diseases

Panel Two

Robert Stroube, M.D., M.P.H., Virginia State Health Commissioner
Association of State and Territorial Health Officials

Ms. Karen N. Miller, President
National Association of Counties

Ms. Janet Heinrich, Director, Public Health Issues
U.S. General Accounting Office

Dr. Shelley A. Hearne, Executive Director
Trust for America's Health

Mr. Howard Pien, President and Chief Executive Officer
Chiron Corporation

Dr. James Young, President, Research and Development
Medimmune, Inc.

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